STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	001132	A. BUILDING: _____ B. WING _____	R 10/01/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING CLUB	6038 W 25TH ST INDIANAPOLIS, IN 46224

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on August 6, 2015 to the State Residential Licensure Survey completed on June 2, 2015. Survey Date: October 1, 2015 Facility number: 001132 Provider number: 01132 AIM number: N/A Census bed type: Residential: 38 Total: 38 Census payor type: Other: 38 Total: 38 Sample: 3 Independent Living Club was found to be in compliance with 410 IAC 16.2-5 in regard to the PSR to the PSR to the State Residential Survey. Quality review completed 10/4/15 by 29479.	{R 000}		